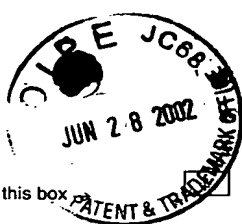


Please type a plus sign (+) inside this box



PTO/SB/21 (08-00)

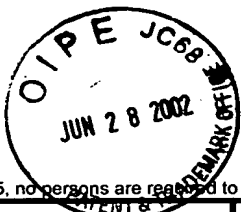
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U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Application Number	10/025,743
		Filing Date	December 26, 2001
		First Named Inventor	Hiroki KANAI et al.
		Group Art Unit	2187
		Examiner Name	Kimberly N. McLean
Total Number of Pages in This Submission <<>>		Attorney Docket Number	500.36683CX1
ENCLOSURES (check all that apply)			
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group	RECEIVED JUL 08 2002 Technology Center 2100
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences	
<input type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)	
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information	
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter	
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):	
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Change of Correspondence Address	Request for Approval of Drawing	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Terminal Disclaimer	Corrections copy of FIG. 13	
<input type="checkbox"/> Certified Copy of Priority Documents	<input type="checkbox"/> Request for Refund	containing red-ink mark ups.	
<input type="checkbox"/> Response to Missing Parts/Incomplete Application	<input type="checkbox"/> CD, Number of CD(s) <<TEXT>>		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	Remarks	RECEIVED JUL 08 2002 Technology Center 2100	
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm or Individual Name	DAVID C. OREN, REG. NO. 38,694		
Signature			
Date	JUNE 28, 2002		

CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date: June 28, 2002.			
Typed or printed name			Date
Signature			

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PTO/SB/17 (10-01)

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FEE TRANSMITTAL
for FY 2002

Patent fees are subject to annual revision.

Complete if Known

Application Number	10/025,743
Filing Date	June 26, 2002
First Named Inventor	Hiroki KANAI et al.
Examiner Name	Kimberly N. McLean
Group Art Unit	2187
Attorney Docket No.	500.36683CX1

TOTAL AMOUNT OF PAYMENT (\$)**72.00 +****METHOD OF PAYMENT**

1. ☒ The Commissioner is hereby authorized to charge indicated fees and credit overpayments to:
Deposit Account Number «01-2135»
Deposit Account Name «ATS&K LLP»
☒ Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17
☐ Applicant Claims small entity status. See 37 CFR 1.27

2. ☒ **Payment Enclosed:**☐ Check ☒ Credit Card ☐ Money Order ☐ Other**FEE CALCULATION****2. BASIC FILING FEE**

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid
101	740	201	370	Utility filing fee	\$0.00
106	330	206	165	Design filing fee	
107	510	207	255	Plant filing fee	
108	740	208	370	Reissue filing fee	
114	160	214	80	Provisional filing fee	

SUBTOTAL (1)

\$0.00

1. EXTRA CLAIM FEES

	Extra Claims	Fee from below	Fee Paid
Total Claims 24-20	= 4	x \$18.00	=\$72.00
Indep. Claims 2-3	= 0	x \$84.00	=\$0.00
Multiple Dependent			=

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description
103	18	203	9	Claims in excess of 20
102	84	202	42	Independent claims in excess of 3
104	280	204	140	Multiple dependent claim, if not paid
109	84	209	42	** Reissue independent claims over original patent
110	18	210	9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) \$72.00

**or number previously paid, if greater; For Reissues, see above.

FEE CALCULATION (continued)**3. ADDITIONAL FEES**

Fee Code	Large Entity Fee (\$)	Fee Code	Small Entity Fee (\$)	Fee Description	Fee Paid
105	130	205	65	Surcharge - late filing fee or oath	
127	50	227	25	Surcharge - late provisional filing fee or cover sheet	
139	130	139	130	Non-English specification	
147	2,520	147	2,520	For filing a request for <i>ex parte</i> reexamination	
112	920*	112	920*	Requesting publication of SIR prior to Examination action	
113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action	
115	110	215	55	Extension for reply within first month	
116	400	216	200	Extension for reply within second month	
117	920	217	460	Extension for reply within third month	
118	1,440	218	720	Extension for reply within fourth month	
128	1,960	228	980	Extension for reply within fifth month	
119	320	219	160	Notice of Appeal	
120	320	220	160	Filing a brief in support of an appeal	
121	280	221	140	Request for oral hearing	
138	1,510	138	1,510	Petition to institute a public use proceeding	
140	110	240	55	Petition to revive - unavoidable	
141	1,280	241	640	Petition to revive - unintentional	
142	1,280	242	640	Utility issue fee (or reissue)	
143	460	243	230	Design issue fee	
144	620	244	310	Plant issue fee	
122	130	122	130	Petitions to the Commissioner	
123	50	123	50	Processing fee under 37 CFR 1.17(q)	
126	180	126	180	Submission of Information Disclosure Stmt	
581	40	581	40	Recording each patent assignment per property (times number of properties)	
146	740	246	370	For each additional invention to be examined (37 CFR § 1.129(a))	
149	740	249	370	For each additional invention to be examined (37 CFR § 1.129(b))	
179	740	279	370	Request for Continued Examination (RCE)	
169	900	169	900	Request for expedited examination of a design application	

Other fee (specify) _____

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$) <<.00>>**SUBMITTED BY****Complete (if applicable)**

Name (Print/Type)	DAVID C. OREN	Registration No.	38,694	Telephone	703-312-6600
Signature		Date	June 28, 2002		

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